

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD FOR THE TREATMENT OR
DIAGNOSIS OF HUMAN PATHOLOGIES
WITH DISSEMINATED OR DIFFICULT
TO ACCESS CELLS OR TISSUES
Attorney Docket Number:: 0508-1063-1
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PATRICK
Middle Name:: A.
Family Name:: DREYFUS
City of Residence:: CLAMART
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10, RUE PAUL BERT
Address::
City of Mailing Address:: CLAMART
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-92140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BRITAIN
Status:: Full Capacity
Given Name:: ELAINE
Middle Name::
Family Name:: PARRISH
City of Residence:: SAINT-DENIS
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 22, BOULEVARD MARCEL SEMBAT
Address::
City of Mailing Address:: SAINT-DENIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-93200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LUIS
Middle Name::
Family Name:: GARCIA
City of Residence:: SAINT-DENIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 12, VILLA DANRE

City of Mailing Address:: SAINT-DENIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-93200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MOROCCO
Status:: Full Capacity
Given Name:: MOHAMED
Middle Name::
Family Name:: CHOKRI
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 9, RUE DE BITCHE

City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACQUES
Middle Name::
Family Name:: BARTHOLEYNS
City of Residence:: BURES-SUR-YVETTE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10, RUE DU ROYAURNE

City of Mailing Address:: BURES-SUR-YVETTE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-91440

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ELISE
Middle Name::
Family Name:: PELTEKIAN
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 22 RUE DAVIEL

City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75013

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	08/924,830	9/5/97

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name:: INSTITUT NATIONAL DE LA SANTE
ET DE LA RECHERCHE MEDICALE
(I.N.S.E.R.M)

Street of Mailing Address:: 101, RUE DE TOLBIAC

City of Mailing Address:: PARIS CEDEX 13

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75654

Assignee Name:: I.D.M. IMMUNO-DESIGNED
MOLECULES

Street of Mailing Address:: 172, RUE DE CHARONNE

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75011